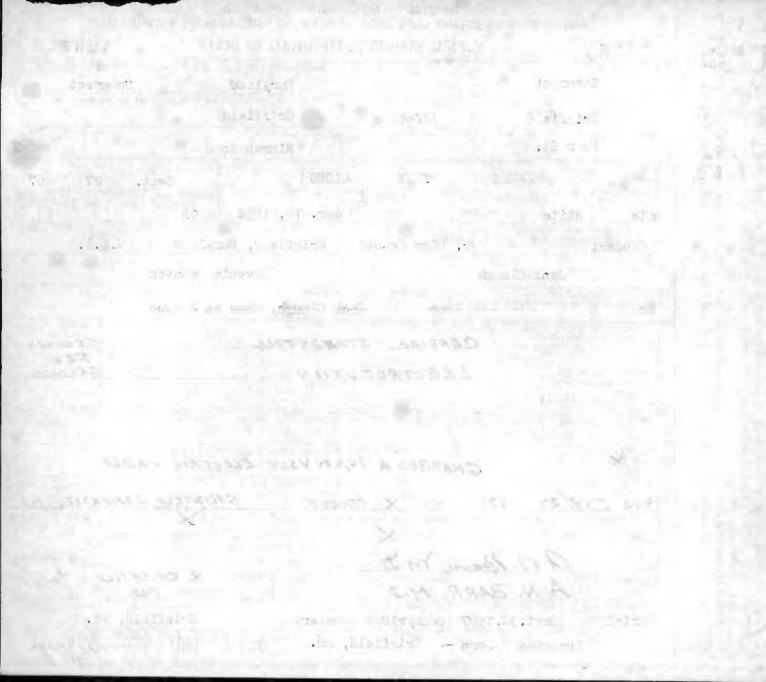
VR A15ME (5)

	MAK I LAND 31 A	HE DEFARIMENT OF REALIT	
Division of	STATISTICAL RESEARCH AND RECOR	DS, 301 W. PRESTON STREET, BALTIMORE, MAI	RYLAND 21201
12965	MEDICAL EXAMIN	ER'S CERTIFICATE OF DEATH	12971
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if inst	titution: Residence before admis

	600	V							J. A	4 35	
1.	PLACE OF DEATH o COUNTY	2				2. USUAL RESIDENCE	(Where deceased lived, if institut	ion: Reside	nce before	odmissio	on)
L		Somerset		MARYL	AND	o. STATE Mary	land	Som	erset	t	
	b. CITY OR TOWN	(If outside corporate limit	5,	c. LENGTH OF STAY IN	1b		utside corporate limits, write RU	RAL ond gi	ve neoresi	town)	
		d give negrest town)		Lifetime		Crisi	field			19:1	/
,		TAL OR INSTITUTION (If no	ot in hospital,	give street oddress)		d. STREET ADDRESS				ON A F	
		ear St.				Hinms	an Road		,		NO A
3.	NAME OF DECEASED (Type or print)	. JAM	est ES	HENRY	(CLOUGH				Yes 19 €	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	A	B. DATE OF BIRTH	9. AGE (In years	IF UNDE		IF UNDER	
	Male	White	WIDOWED	DIVORCED		Apr. 10, 19	lost birthdoy)	Months	Doys	Hours	Min.
10	Io. USUAL OCCUPATIO	N (Give kind of work done	10ь. К	IND OF BUSINESS OR		11. BIRTHPLACE (Stote	e or foreign country)		ITIZEN OF	WHAT	
au	uring most of working	ire, even it retired)	Jr.	High School	01	Crisfield	d, Maryland	U.	S.A.		
13	FATHER'S NAME					14. MOTHER'S MAIDEN		,			
		Jack Cl	ough			Le	venia DeHaven				
19	WAS DECEASED EV	ER IN U.S. ARMED FORCES?	f 10. N	SOCIAL SECURITY NO.		INFORMANT	Addre	ess			
f.	No of dikilowii)	(If yes give wor or dotes o	N zeraire	lone	Jac	k Clough, a	same as 2 abod				
		EATH (Enter only one cou	se per line for	(o), (b), and (c).)						RVAL BET	
Г	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) CA	ARDIAC.	57	ANDSTILL				ET AND D	
	914	5 DUE	10			•			F	EW	
	conditions, if ony		(b)	LECTRO	CU	T104			SEC	041	25
	stoting the unde		TO								
	lost.)	(t)			1000					
Z.	PART H. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT RELAT	ED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		19	WAS AUTO PERFORM	PSY FD?
STIC											NO 🔯
CERTIFICATION	200. EXTERNAL CA	AUSE WAS					Port I or Port II of item 1B.)				
E GE	CAUSE OF DEATH.	INTRIDUTING L	GA	CABBED A	14,	400 VOLT	ELECTRIC C	473Lz			
MEDICAL	20c. TIME OF INJ	URY Month, Doy, Year				CE OF INJURY (Home, for		(0	ounty)	(Stote)
ME	4:12 (P	9/27 19	67 While			ory, street, office bldg., etc.	CRISPIELD,	SOME	FRSE	7,	M.D.
						ld an Autopsy ,		iry 🔲,		in my	
	death resul		al causes	_		ide , Homicide		,	7	,	,
	467000	0		-		CHIEF MEDICAL	brand f				
	ACTUAL SIGNATURE	UM.	Ban	m.D		14). 17.	DICAL EXAMINER		_	2. DATE	SIGNED
	EXAMINER'S NAME (Type)	A. N.		P. M.D.			AL EXAMINER & CRIS		2,	9/2	2/27
23	BO. BURIAL, CREMATI		EREOF	23c NAME OF CEMETE	411	and a second	23d LOCATION (City or To		(County)	(5)	tote)
	Bitto And Decity	Sept.30	0,1967	Sunnyridge	e Ce		Crisfie				
1	24. FUNERAL DIRECTO	Bradshaw	& Sons	- Crisfie	eld,	Md. 250. REC	CT 4 196725b. RE	GISTRAR'S	SIGNATUR	Judg	LE.



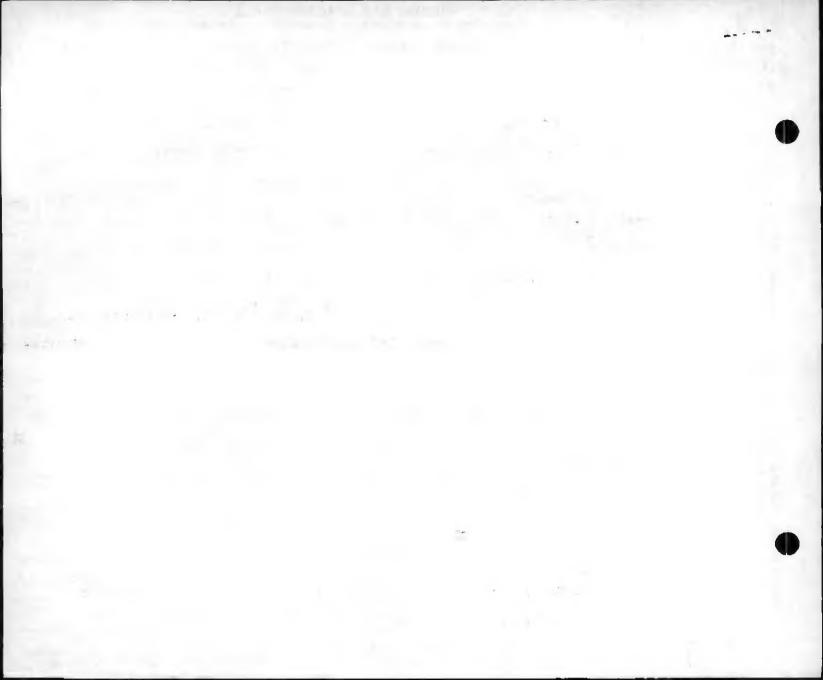
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12966

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12972

IEALTH	DEA1"	-	DI AZV AV DPATII	To mental properties (a)	
ILALIII		T/S	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE b. COUNTY	before admission)
to to age	# H		Somerset MARYLAND		omico 🗸
delay and 3 t	pap		b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
Ty delay is 2, and 3 to PM3. Page	State Department of A haurs after death.	L	write RURAL and give nearest town) Princess Anne	Salisbury	22.2
4-4	S d		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
h. If Jes fari	of pool)	E. Prince Williams Street	412 Poplar Street	YES NO
after death. If 8. Give Pages 1, alang with farm	25/2	3.	NAME OF First Middle DECEASED Middle	Lost 4. DATE Month OF	Day Year
er c	with	1	(Type or print) ALICE MAE SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO	COULBOURNE DEATH September 8. DATE OF BIRTH 9. AGE (In years IF UNDER)	2 167 YEAR 1 IF UNDER 24 HRS.
8. Calai	3 3	1	MUDANED DIVARCED D	lost birthdov) Manths	Doys Hours Min.
haurs Item 1 Office	and 2 event	10	Female White WIDOWED DIVORCED X	July 18, 1902 65 yrs.	ZEN OF WHAT
는 를 등	-	du	ing mast of working life, even if retired) INDUSTRY	COUL	NTRY?
1 in lin er's	pages 1	13	Housewife FATHER'S NAME	Wicomico County, Maryland U	SA
within pencil camine		1,0			
in p	File	15	Joshua James Coulbourne WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	Mary Ellen Timmons	
s certificate should be executed within 24 hours after death. If a writing the ward "pending" in pencil in Item 18. Give Pages 1, farwarded to the Chief Medical Examiner's Office along with farm	used as a burial-transit permit. burial, crematian, ar remaval,	(Y	es, no, or unknown) (If yes give war ar dates of service)	Mr. Alton L. Adkins (Son) 602 E. College Ave., Salisbury,	Md
Me	be me		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN
pe	burial-transit matian, ar re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Myocardial II	nfarction	ONSET AND DEATH
ward the Ch	n, 0		4201 DUE TO		
wo	atio		Canditions, if any, which gove) (b)		
the ta	o bi		rise to immediate couse (a), DUE TO		
This certificate shauld icate, writing the ward be farwarded to the C	08 0		lost. (c)		
writ wal	used	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED?
is of	be u	CERTIFICATION			AE2 NO
		THE	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 1B.)	
MEDICAL EXAMINER: This please execute the certificate, director. Page 4 should be for	our tiles. ge 3 shauld agent, priar	L CER	CAUSE OF DEATH.		
로 하는	3 sl ent,	MEDICAL		ACE OF INJURY (Home, form, 20f. (City ar town) (Caun	nty) (State)
AL EXAMIN execute the pr. Page 4 sh	age	E.	Hour a.m. While Not While of work of work	tory, street, office bldg., etc.)	
Pag P	aned far y I RECTOR : Po designated		21. I certify that I taak charge of the remains described above, he	eld an Autapsy 🔲 , Inspection 💢 , Inquiry 💢 ,	and in my apinian
A S E	gue		death resulted fram: Natural causes 📆 , Accident 🔲 , Suid	cide , Hamicide , Undetermined manner	
Mtort please en director.	RE desi		9	CHIEF MEDICAL EXAMINER	
돌 음등	L D		SIGNATURE / / / / / / / / / / / / / / / / / / /	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EPUTY ssary, p funeral	ERA or	5	EXAMINER'S		.5th/1967
ro DEPUTY necessary, the funeral	> may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	4	NAME (Type) Dr. E. C. Sutter, Dames Quarter		
the co	T HE	23	BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR Wicomico Memo		Caunty) (Stote)
_	- 0	_		rial Park Salisbury, Maryl	
VR.	A15ME S	1	I. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISBURY, MARYLAN		a Quesa
4	BALL ZAA DE JEST		TIPESTANTI O CONTINUITA ON ETODONIA NANTITANI	I BAIL TO THE STATE OF THE STAT	AND VANDE TO SEE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12973

	PLACE OF DEATH D. COUNTY	Sor	nerse	t	NE	2. USUAL RESIDENCE (Where deceo	sed lived, if institu		nce before		
ł	o, CITY OR TOWN (If or write RURAL and giv			c length of stay in 2 Days		c. CITY OR TOWN (If or Hopew		ote limits, write RU				nd
	CCready I					d. STREET ADDRESS					IS RESID ON A FA	DENCE ARM? NO 🔀
-	NAME OF (OLa: DECEASED Type or print)	n) Ol firs		Middle H •		Cull en	4. DATE OF DEATH	Sep	t.	2 ^{Doy}	Yeo	67
S. S	Male 6.	White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		Sept. 29,		9. AGE (In yeors last birthdoy) 56 yrs.	Months	Doys	IF UNDER Hours	Min.
duri	USUAL OCCUPATION (Gi	ve kind of work done even if retired)		ND OF BUSINESS OR DUSTRY Market		11. BIRTHPLACE (County Crisfield	, Mary			OUNTRY?	WHAT	
13.	FATHER'S NAME	Wade Cu	llen			14. MOTHER'S MAIDEN		arrison				
IS. (Yes	WAS DECEASED EVER IN (If	U.S. ARMED FORCES? res give wor or dotes of		SOCIAL SECURITY NO. 4-10-6115		NFORMANT SS Mary Cul	len -	Addr - Arling		Va.		
	420 / Conditions, if any, what rise to immediate constant the underlying last.	ouse (o), Due T	0 0 0	myorardu	al.	in farotio				4	S AND D	71
ATION	PART II. OTHER SIGNI	_	NTRIBUTING T		lel	THE TERMINAL DISEASE COL	ndition givi	EN IN PART 1(0)			WAS AUTO PERFORMI	
CERTIFICATION	20o. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MED	AUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCU	JRRED.	Enter nature of injury in	Port I or Por	rt II of item 18.)				4
MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	Month, Doy, Yeor	20d. IN While at work	Not While		CE OF INJURY (Home, formary, street, office bldg., etc.		(City or town)	(()	ounty)	ĺ	Stote)
	21. I certify saw the dece	that (I) (this hasp ased alive an 9/	ital) attend 27/6	ded the deceased fro 719, an	am d that	death accurred at		ta M, fram causes	, 19 and an	, tho	ot (I) (v stated	we) las abave
	220. SIGNATURE	(MR	inte	7.	M.0	111101	MED. DIRECTOR	STAFF PHYS.	22b. 1	DATE SIGNE	D	
	22c. PHYSICIAN'S NAME (Type)	C. G. 1	Rawle	y, Md.		22d. ADDRESS Crisf	ield	, Maryla	a nd			
230	BURIAL, CREMATION,	23b. DATE THER Sept. 30		St. Paul	_			OCATION (City or To		(County)	(5	tote)
24.	FUNERAL DIRECTOR	dshaw & S		Crisfield	, M	d. 250. DATE		RARIO 25b. R	-	SIGNATURE	udg	1

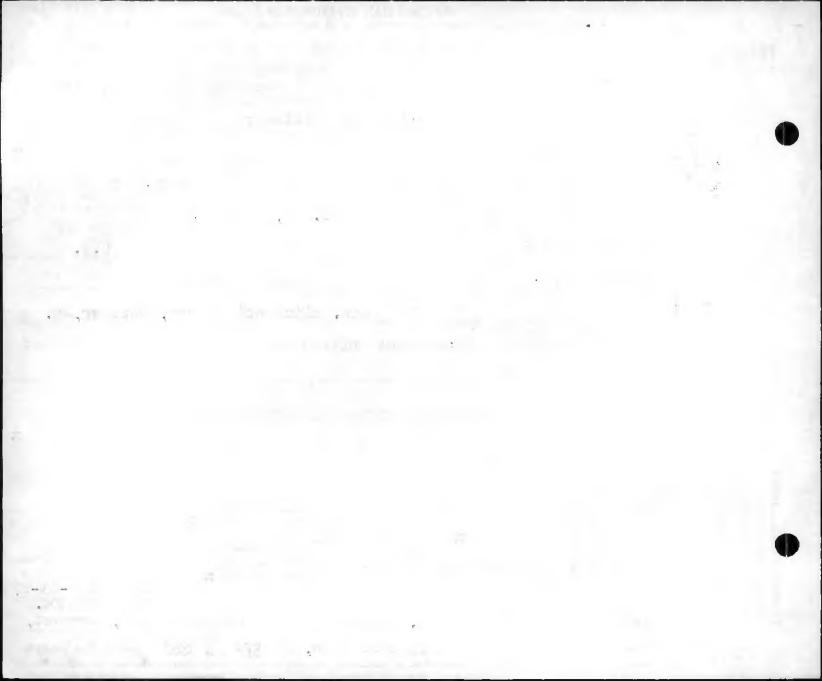
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplerely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays arbon papers. Pages I and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar III moval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

hard-a-typen/united actions of the service Sept. 28, 1910 96 oters bullets birthers brings being birthers being birthers. projectish -- pating grill state and all the late. The state of the s all godieles and see 💝

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12968 12974 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Somerset Maryland Page Somerset deloy is portment of MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b 2, C. write RURAL and give nearest town) piffer life Westover d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm hours Westover word "pending" in pencil in Item 18. Give Poges the Chief Medical Examiner's Office olong with far YES NO DE This certificate should be executed within 24 hours after death. NAME OF Middle First Last 4. DATE Month DECEASED the the Thomas Washington September Dorsev 19 67 within. (Type ar print) DEATH olong AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7, MARRIED NEVER MARRIED birthday) Hours Oct. 15. 1913 WIDOWED DIVORCED event 2 ond 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Produce Broker INDUSTRY Maryland any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI Blanche Beauchamp George Dorsey E G pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. permit. or removal. (Yes, na. ar unknown) (If yes give war ar dates of service) Mrs. Elizabeth Dorsey, Westover, Md. INTERVAL BETWEEN ONSET AND DEATH MINUTES CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (a) the certificate, writing the word burial, cremation, DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause 0 forworded 05 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 2 4 should be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ogent, prior 3 should PRIMARY CONTRIBUTING C AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Poge Not While at wark pleose execute at work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection 🔀 Inquiry and in my apinian the funerol director. Suicide Natural causes death resulted fram: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth or Somerset 9-23-67 NAME (Type) Address (Street, city, tawn, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) 50 Princess Anne, Somerset, 9/24/67 St. Andrews 24 FUNERAL DIRECTOR REGISTRAP'S SIGNATURE JUNGE Anne, Md SEP 28 Princess VR A15ME

6M 1/6



gibrs ofter deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours gil

Poge 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon permets should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 has

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12975

12969

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY So	merset	MARYLAND	- CTATE	Where deceased lived, if institu	orion: Residence before odmission) NTY Somerset
b. CITY OR TOWN (If autside write RURAL pod give se		yrs I/Hour		utside carparate limits, write RU Sfield	JRAL and give nearest tawn)
	NSTITUTION (If not in haspital, emorial Hos		d. STREET ADDRESS Chesa	peake Avenu	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	First Henry	Middle B. ENNIS	S Enhos	4. DATE Mon	pt. 1 1967
	OR OR RACE 7. MARRIED WIDOWED		8. DATE OF BIRTH May 26, 190	9. AGE (In years lost birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10g. USUAL OCCUPATION (Give kind life, ever	ind of work done 19b.	KIND OF BUSINESS OR WOUSTRY LOCKING	Somerset	& State, or fareign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Sidney Ennis			Rose Mat	thews	
(Yes, no, or unknown) (If yes of	ive wor or dates of service if		informant frs. Mary En	Addr nis, Same as 2	
Conditions, if ony, which or rise to immediate cause stoting the underlying colost. PART II. OTHER SIGNIFICAN	MMEDIATE CAUSE (a) DUE TO gave (b) (a), ause DUE TO	cente Massin Frommy In meralist Co TO DEATH BUT NOT RELATED TO	Myocan sufficient teras lua) THE TERMINAL DISEASE CO	lis	13 WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLOOK CONTRIBUTING CAUS	E OF DEATH	DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Part I ar Part II of item 18.7	YES NO A
2Dc. TIME OF INJURY Mar Haur o.m. p.m.	nth, Day, Year 2Dd. Whi		LACE OF INJURY (Hame, far actary, street, affice bldg., etc		(County) (State)
		nded the deceased fram_ 1 P967 and th		19 <i>54</i> , ta <u>9/</u> 1 F M, fram causes	and an the date stated abave
22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	n. Barr,	77100	ATTENDING PHYS. 22d. ADDRESS Cri	MED. DIRECTOR D STAFF PHYS. Sfield, Mary	22b. DATE SIGNED 9/4/67 yland
230. BURIAL, CREMATION, Bur 190 (Specify)	23b. DATE THEREOF Sept 4, 1967	23c. NAME OF CEMETERY O		23d. LOCATION (City or To	
24. FUNERAL DIRECTOR Bradshaw & Sor	ne Cristiald	ADDRESS		D BY REGISTRAR PSb R	

The first section of the section of

SEMP TO KILLSON

Maryland BANK SALENT when the state of Henry to the Tarry a Sunt 1 principle per la constitución de committee in the state of the control of the contro the organic good to by B and the second of the second CHANGE AND CONSTRUCT CONTRACT CONTRACT TO CONTRACT CONTRA

10a USLAL OCCUPATION (G vs kind of work dane

during most of working life, even if retired)

Proprietor 13. FATHER S NAME

NAME (Type)

230 BURIAL, CREMATION,

MARYLAND STATE DE ICAL RESEARCH AND RECORDS, 301			MORE, MARYL	AND 21201	
MEDICAL EXAMINER'S	CERTIFICATE O	F DEAT	Н	1237	76
MARYLAND	2 USUAL RESIDENCE (V o STATE Maryl		d lived, if institute b. COUN		
c length of stay in 16	c CITY OR TOWN (It of Crisf	tside corporate	e limits, write RUR		
t in hosp to, give street oddressy noco Service Station the St.	d STREET ADDRESS 15 Wy	nnfall	Ave.		e IS RESIDENC ON A FARM YES NO
CARLISLE	EVANS	4 DATE OF DEATH	Month Sept.	15 Do	y Year 19 67
W DOWED DIVORCED M	b DATE OF BIRTH by 24, 1922		AGE (In years lost birthdoy)	Months Doys	1E UNDER 24 Hours A
106 KIND OF BUSINESS OR	1 BIRTHPLACE (Stote	ar rare an cau	INT(Y)	12 CIT ZEN O	L ANTENAT

Point, Md.

Roosevelt C. Evans Mary Sneade IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yw. na. or unknown) (If yes give wor or dates of service Mrs. Lillian B. Evans, same as 2 abcd above

Station

INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) TONSEL AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound, chest IMMED ATE CAUSE (o). DUE TO Conditions, if any, which gave

Rhodea

14. MOTHER'S MAIDEN NAME

(b) rise to immediate couse (a). DUE TO stoting the underlying cause

PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)

INDUSTRY

Service

200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of many in Part I ar Port II of item 18) PRIMARY ar CONTRIBUTING CAUSE OF DEATH Injury sustained while cleaning run.

20c TIME OF NURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) foctory, street, affice b dg etc) Serv Sta 7th St J DO PHONKOW While Not While While of work

at wark Crisfield 21 I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry , Natural causes [death resulted from: Accident (x) Suicide Hamicide | Undetermined monner

ACTUAL SIGNATURE **EXAMINER'S** G. Rawley. M.D.

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

Crisfield. Address (Street, city, town, or county) 23d LOCATON (City or fown)
Crisfield, Md. (Caunty)

19 WAS AUTOPSY PERFORMED?

(County)

NO A

(Stote)

and in my opinion

22. DATE SIGNED

9/18/67

Sunnyridge Cemetery Sept. 17, 1967 24. FUNERAL DIRECTOR Bradshaw & Sons

23b DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY

250 RECD BY REGISTRAR 256 REGISTRARS SIGNATURE

VR A15ME 6M 1/66

Office

necessary, please execute the certificate, writing the ward "pending" in pencil in the funeral director, Page 4 should be farwarded to the Medical Examiner's

CAL EXAMINER:

O DEPUTY

and 2 event

pages 10 In any e

File

removal,

ъ

O

Q.S

3 shauld

far your

may be retained far yaur FUNERAL DIRECTOR: Page

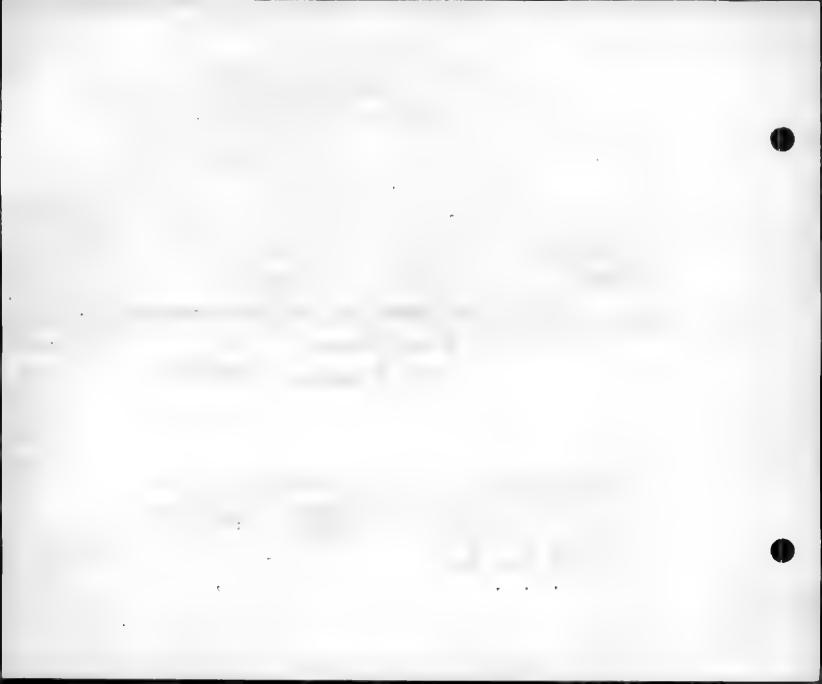
50

Health ar its designated agent, priar to burial, cremation,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12977 CERTIFICATE OF DEATH MINTICENY: The law requires that the denth certificate Te Executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY b. COUNTY Somerset Maryland Somerset MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Crisfield oon papers. Pag within 72 hours 48 yrs/2/106/99 Crisfield Ξ. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE filled McCready Memorial Hospital 13 Pear Street YES NO 3 NAME OF Middle 4. DATE Month DECEASED I. 9- 16-(Type or print) Milton Evans DEATH S SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED **NEVER MARRIED** 69 (in years White Male N COR WIDOWED * DIVORCED Dec 5, 1897 1Do USUAL OCCUPATION (Give Kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Waterman & Dealer Seafood **COUNTRY?** b Somerset, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Evans Ann Bradshaw attending permit. The Address 8331 Verona Dr. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Ö M. James Evans, New Carrollton, Md. 204-09-7644 cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (o) INTERVAL BETWEEN signed by the buriof-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) HDUR DUE TO Conditions, if any, which gove rise to immediate couse (a), **DUE 70** stating the underlying couse hos PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) 19. WAS AUTOPSY PERFORMED? Health NO S 200 ACCIDENT WAS INDERLYING . 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form 2Dc. TIME OF INJURY Month, Doy, Year 2Dd IN, JRY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg , etc.) Not While of work OR ATTENDIM 21. I certify that (I) (this haspital) attended the deceased from be retoined M, fram causes and an the date stated above. saw the deceased alive an_a and that death accurred at TO FUNERAL DIRECTOR 220 SIGNATURE 22b. DATE SIGNED M D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S "aryland Crisfield, NAME (Type) Dr. A. director, 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) Bu PENDYIL (Specify) Sept 19, 1967 Crisfield Cemetery Crisfield, Md. 250 RECT BY REGISTRAR 3 256 REGISTRAR'S SIGNATURE DATE SEP 2 5 1967 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) Bradshaw & Sons, Crisfield, Md.

25M 1/67



FOR STATE HEALTH DEPT.

TO DEPUTY MED EXAMINER. This certificate SERENTE Executed within 24 Bours after death. If any delay cessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to are funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for 7007 files. TO FUNERAD INCTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12978 12 MEDICAL EXAMINER'S CERTIFICATE

•	1.	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE	E (Where deceased	Lived, If Insti		ildence before admission)
	_	Somer	SOU v (If outside corpora end give nearest to	ate limits,	MARYLA C. LENGTH OF STAY IN		c. CITY OR TOWN (IF	nd outside corporat	e Ilmits, writ	OMOT .	get ind give nearest town)
	P	rincess	Anne	Į	life pital, give street add	ress)	d. STREET ADDRESS	cess An	ne		6. IS RESIDENCE ON A FARM? YES NO X
	3.	NAME OF DECEASED (Type or print)	Willia	irst n E	Middle	Fo	iast Oks	4. DATE OF DEATH	9 Month	12	72 - 1
		sex m	6. COLOR OR RACE	WIDOWED	DIVORCED [_	7-12-1882	85	t bisthday) ()	Months [YEAR IF UNDER 24 HRS Days Hours Min.
		. USUAL OCCUPAT Ing most of work! Retired FATHER'S NAM	ION (Give kind of wor ng life, even if retir E		Retired		Maryl	end	ountry)	COL	IZEN OF WHAT INTRY? (SA
		William	Fooks	000000 40 0	OCIAL SECURITY NO. 1	19	Matilda INFORMANT	Smith	Address	,	
	(Ye	s, no, or unitown)	(If yes give war or dates	of service)	OGIAL SECURITY NO.		Rose Anna	Derman			Anne. Md
		18. CAUSE DF	ATH WAS CAUSED B IMMEDIATE CAUS DUI Iny, which Immediate	(a) <u>Con</u>	e for (a), (b), and (c). gestive f	ai.	lure ic Heart	disease			INTERVAL BETWEEN ONSET AND DEATH 2 WOOKS YOUR
2	CERTIFICATION	PART II, OTHER S	e lest. }				TED TO THE TERMINAL O				19. WAS AUTOPSY PERFORMED?
	CERTI	20a. EXTERNAL PRIMARY OF CAUSE OF DEAT	CONTRIBUTING -	20b. De	SCRIBE HOW INJURT	OCCL	RRED. (Enter nature of	r Injury in Part I	or Part II or	Italii 16.)	
	MEDICAL	2Dc. TIME OF 1 Hour a.m		While i	Not While et work		CE OF INJURY (Home, fa ry, street, office bldg., e		or town)	(Cour	(State)
			-		ins described abov		. —	Inspection 3	ह्ये, Inquir letermined i	·	and in my opinion
		death result	Ille	al causes ,	Agaident [],	21	INDU			III OTITICI	22. DATE SIGNED
		NAME (Type)	Everett					t, city, town, or	county)	mers	
Sala	23a	BURIAL CREM REMOVAL (Spe B17191 FUNERAL DIRE	Q. T	THEREOF	John Wes	-	У 25a. RE	C'D BY REGISTRA	incess R 25b. RE	Anr	
1/4	_	Willi		s Jr	Princess	An	ne Magair	SEP 18	1967	ycho	rles Juage



DIVISION OF V	TITAL RECORDS, 301 W. PRESTO			ND 21201	4 0 A M A
>	CERTIFICATE	OF DEATH			12979
Somerset	MARYLAND	o. STATE Mary	rl and	b. COUNTY	Residence before odmission) Somerset
If outside carparate limits, d give negrest town) L. O.L. C.	c LENGTH OF STAY IN 16 3 Days	[]	itside corporate lin	nits, write RURAL	and give nearest town)
ady Memorial		d. STREET ADDRESS			e is residence On a farm? Yes NOXEX
First	Middle	Lost	4 DATE OF	Month	Doy Year
Ada	E	Howard	DEATH		16- 67 19
1 1	The second second	B DATE OF BIRTH NOV. 3, 18			FUNDER I YEAR IF UNDER 24 HRS Jonths Doys Hours Min
N (Give kind of work done lite, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11. AIRTHPLACE (County Sussex County Delaware 14. MOTHER'S MAIDEN I	2	country)	COUNTRY?
H. Windsor		Laura A		tings	
R IN U.S. ARMED FORCES? (If yes give wor or dotes of servi	far	NFORMANT Ernest F.	Howard	Address , Reho	beth, Md.
EATH (Enter only one couse per TH WAS CAUSED BY IMMEDIATE CAUSE (o)	line for (a) (b) and (c).)	Failan -	Few	mma	INTERVAL BETWEEN ONSET AND DEATH
(, which gove te cause (o), alying couse	Cerded Vac	cular a	ecident	4	5 day
CONTEICANT CONDUTIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO	ME TERMINAL DISEASE CON	ID T DNI CIVEN IN	DART 1(a)	19 WAS AUTDPSY
Durstin	losis			, ,	PERFORMED? YES NO
S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury n	Port I or Port I o	Hem 18)	
URY Month, Doy, Year m. 19		CE OF INJURY (Home, form ory, street, office bldg., etc.)		y or town)	(County) (State)
fy that (1) (this haspital) eceased alive an 9/1 (attended the deceased from		966 to _	m causes an	, 19 47 , that (I) (we) last d an the date stated above
an B		ATTENDING M	MED.	STAFF	22b. DATE SIGNED

during most of working HOUSEWI 13. FATHER'S NAME William IS. WAS DECEASED EV (Yes_no, or unknown) 18. CAUSE OF DI 214 Conditions, if ony rise to immedio stoting the unde lost PART II OTHER S CERTIFICATION 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJ Hour o. 21. I certi saw the d 22o. SIGNATURE 22d ADDRESS Crisfield, Maryland 22c PHYSICIANS Sr. A. N. Barr, M.D. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OF CREMATORYX 230 BURIA, CREMATION, BUTIAL BUTIAL 23d LOCATION (City or Town) ((County) Bethany Methodist Pocomoke -Wor., Md. 9-1967 ADDRESS 250 REC D BY REGISTRAR 2Sb REGISTRAR S Pocomoke City, Md.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been

VR A15 (4) 25M 1/67

ers. Pages 1 ond 2 It hours after death.

San popers

signed by the attending physician and completely fittled burial-transit permit. Then please remove corbon popi

director, page 3 should be detached for use os the burial-fransit permit. Then please remove co _should be filed with the State Dept. of Heolth prior to burial, cremotion, or removal, ond in any even

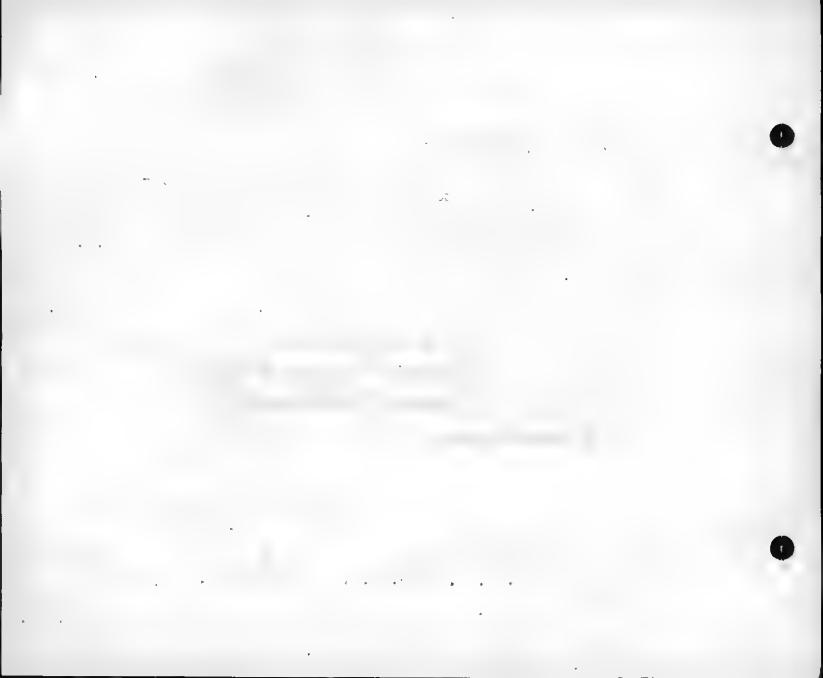
in by the funeral ers. Pages 1 and

PLACE OF DEATH o. COUNTY

b CITY OR TOWN : write RURAL an Crisi: d. NAME OF HOSPI

McCre NAME OF DECEASED (Type or print)

SEX Femal e 100 USUAL OCCUPATIO



72 hours at

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL MILECTOR: After this certificate has men signed by the otherwing physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove capters. Pre should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12980

		PLACE OF DEATH		2. USUAL RESIDENCE (V	there deceased lived, if institution: R	
		county cmerset	MARYLAND	Maryland	Scher	set
		CITY OR TOWN (If autside carparate limits,	LENGTH OF STAY IN 16	_	side corporate limits, write RURAL ar	nd give nearest town)
	14	write RURAL and give nearest town)	ife Time	Westover		111
		J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give		d STREET ADDRESS		e IS RESIDENCE
		,	,	Rt I		ON A FARM?
1	2 1	NAME OF	Medifi-		a PATP	
	ı	NAME OF First DECEASED	Middle	Last	4 DATE Month	90y Year 24 1967
/		Type or print) Jessie		King	DEATH 9	
	5 5	The state of the s	= = 1	B. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS hiths Days Hours Min.
	-	ale Colored WIDOWED	DIVORCED	6/9/I88I	CC yis.	
	iCo.	USJAL OCCUPATION (G ve kind of work done 10b. KIND ng mast af warking life, even if retired) 1NDUS	OF BUSINESS OR	11. BIRTHPLACE (County &	L State, or foreign country)	12 CITIZEN OF WHAT
	uom	Ret.ired Ret	ired	Maryland		U S A
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
		corge King		Mary XXXX	K Conway	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCI	IAL SECURITY NO. 17. II	NFORMANT	Address	
	(Ye	s, na, ar unknawn) (If yes give wor ar dates of service)			d Westever, Kr	2 Trand
	-	AD CAUCE OF DEATH (Forest Lands)		rie Wichel	d wearener to	I INTERVAL BETWEEN
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY:			/	ONSET AND DEATH
		IMMEDIATE CAUSE (a) ACLIT	E COHGES	TIYE HEA	ET FAILURE	
		DUE TO				
		Conditions, if any, which gove rise to immediate cause (a), (b)	HARY SC	1EROSIS		UNDETERM
		Assistant Assist				
		last. (c) /	DETERM	IMED.		
	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	MEDICAL CERTIFICATION	CHRONIC REN	al FAIL	URE		YES NO Z
	볼	20o ACCIDENT WAS UNDERLYING ☐ 20b DESCRI	IBE HOW INJURY OCCURRED (Part For Part II of item 18)	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			,	
	ਤ		RY OCCURRED 20e. P.AC	E OF INJURY (Home, farm,	20f (City or town)	(County) (State)
	G#	Hour o.m. While	Not While - Facto	rry, street, office bldg., etc.)	(40)	(/)
		p.m. 19 at work	at wark			10 11 10 1 11
		21. I certify that (I) (this hospital) attended	the deceased fram	, J	M, from causes and	19, that (1) (we) last
		saw the deceased alive on 9/24	IY 6, ond that	geoth occurred at		
		22a SIGNATURE	//		MED STAFF	2b DATE SIGNED
		flevelle U.	Daren MD		DIRECTOR L PHYS L	1/25/67
		22c. PHYSICIAN'S NAME (Type)	R.	22d. ADDRESS	,	
1		116 VIIIE A.	/DARONL		smoke, MI	2 .
1	230		23c NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	Westock P.O (Stote)
10	` .	REMOVAL (Specify) Burial 9/30/67	St Paul		Bevell Mech	I.C.
a.		FUNERAL DIRECTOR	ADDRESS	2So REC'D	BY REGISTRAR 256 REGISTR	AR S SIGNATURE
11		William H.James Jr Pr	incess Amno	IN DATE S	SFP 28 1967 20	markey Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12981

12975

CERTIFICATE OF DEATH

-		1600	9		CLIVIIII	CHIL	OI DEATH					
		ACE OF DEATH					2 USUAL RESIDENCE (V	Where deceosed			before odmisse	on)
1	٥.	COUNTY	Somerset		MARYL	AND	o. STATE Mar	yland	b. COUN	IN Som	erset	
	b.	CITY OR TOWN (If outside corporate limit	15,	c. LENGTH OF STAY IN		c CITY OR TOWN (If au	fside corporate	limits, write RUI	RAL and give r	earest town)	_
		Write KUKAL ON	gy and crest town)		1/3/ 50	yrs	Cris	field				
ı	d	NAME OF HOSPIT	at or institution (if n dy Memori	ot in hospital,	give street oddress)		d. STREET ADDRESS RFD #	<i>‡</i> 1			e IS RESI ON A F	ARM?
		ME OF	V	rsi	Middle				Mont		YES [
	DE:	CEASED (Lewis) Lou	13	P		Parks	4. DATE OF DEATH	Sept	• 15	19	57
	S SEX		6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH		AGE (n years	Months C	EAR IF LNDE	R 24 HRS. Min.
		ale	White	WIDOWED	lumul		May 31, 1889		last birthdoy) 8 yrs			1,1,1,1
	Da U	SUAL OCCUPATION most of working	y (Give kind of work done the even if refred) Boat Capt.		ND OF BUSINESS OR DUSTRY eafood		11 BIRTHPLACE (County		gn country)		EN OF WHA? ITRY? A	
1		ATHER'S NAME	boat capt.	1 5	earood		Tangier, V			08	A	
1												
		avis Pa		110	COCIAL CECUPITY MA	17	Leah Pruit	tt	Addre			
1	(Yes, i	vas utctastu tvt no, or unknown)	R NUS ARMED FORCES? (If yes give wor or dotes None	of service)	SOCIAL SECURITY NO.		NFORMANT	_				
					8-14-4359		lph W. Parks		as 2.	a bcd_		
1	1		EATH (Enter only one co. TH WAS CAUSED BY	use per line for	(o), (b), ond (c))		millitus	ر			ONSET AND I	
1		/ nV	/ IMMEDIATE CAUSE		Mavien		// Lucius					
1		onditions, if ony		TO								
1		se to immediat	e rouse (a)	(b)						-		
1		toting the unde	rlying couse DUE									
1			CHICKANT CONDITIONS	(c)	TO DEATH DIST NOT BELL	ED TO	THE TERMINAL DISEASE COM	IDITION CIVEN	N. DADT 1/-)		19 WAS ALT	ODCV
.	S '	AKI II QITEK SI	GNIFICANT CONDITIONS	UNITED IN THE	O DIAIN OU NOT KEEN	ED IU	HE TERMINAL DISEASE CON	IDITION GIVEN	R PART I(0)		PERFORM	IED?
	3 -	Do ACC DENT WA	C UNIDED LYANG CT	Tank no	CONTRACTOR INDIAN DOC	HIDDED	(Enter nature of injury in	Dawl Lee Deat I	l of 1 10)		YES	NO 📗
1	₩ 0	R CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAM, NER)	200 01	SCRIBE HOW INJURY OCC	UKKEU	coret notare of injusy in	ron Lor Post I	or rem (a)			
	# 12		URY Month, Doy, Year	20d I*	NJURY OCCURRED 2	De. PLA	E OF INJURY (Home, form	1. 2Df (City or town)	(Court	v)	(State)
	呈	Hour or	m.	While of world	Mot While		ory, street, office bldg., etc.)		,	,	**	,,
			11,		ded the deceased fr	'Am		9 to		19	that (I) (wal lac
		saw the d	eceosed alive an	/15/6	7 19, ar	nd that	death occurred 2	05 M	from couses	and on the	dote stoted	obave
1		220. SIGNATURE	100		^					22b. DATE		
ı			(6) T	2 cm	tey.	M.	ATTENDING PHYS.	MED. DIRECTOR	D STAFF PHYS.			
1		22c. PHYSICIAN'S		awlev	M.D.		22d. ADDRESS		hid -			
		NAME (Type)	, 30 30 11		,		Crisf	ield,	^M aryla	nd		
		BURIAL, CREMATIC	1		23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LOCA	TION (City or To	wn) (C	aunty) (S	itote)
	_	REMOVAL (Specify		8 1967	Sunnyridg	e Ce			field,			
		FUNERAL DIRECTO			ADDRESS			BY REGISTRAF	10 C 7	GISTRAR'S SIG	NATURE LINE	48.
	Pros	dehou	cone Cri	blatte	MA.		CATE OF	rr au	1200/	[- Congraph	THE PARTY	

by filled in by the superal party filled in Pages 1 and 2 within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in be director, page 3 should be detached for use as the burial-transit permit. Then please remave arban papers. — should be filed with the State Dept. af Health prior to burial, crematian, or remaval, and in any effect, within 72 hou Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

d

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12976

CERTIFICATE OF DEATH

12982

ì	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institution	Residence before admission)
	a. COUNTY Somerset	- MARYLAND	o. STATE Maryland b. COUNTY	Somerset
	b CITY OR TOWN (If autside carparate imits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If auts de corparate limits, write RURAL	
_	write RURAL COLUMN (PROPERTY (NVI)	lifetime	Crisfield	
	d NAME OF HOSPITAL OR INSTITUTION (If not in a R. F. D. Lawsonis	haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
			R.F.D. Lawsonia	YES NO 🚉
	NAME OF DECEASED (Type or print) ELIZABET		IGGIN OF DEATH Sept.	Doy Year 14 19 67
٠.	73 2 175.4.4	IDOWED DIVORCED		under 1 YEAR IF UNDER 24 HRS anths Days Hours Min.
0a iur	SUBJUST STATE OF STAT	10b. KIND OF BUSINESS OR Garment Mfg.	11 BIRTHPLACE (County & State, or foreign country) Crisfield, Md.	U S A
13.	FATHER'S NAME John Maynex	d Tyler	14. MOTHER'S MAIDEN NAME Minnie Owens	
IS (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es. pp. ar unknown) (If yes give war or dotes of serv		NFORMANT Address as a new Address as 2 a	bcd above
	18. CAUSE OF DEATH (Enter only one couse per	r line for (a), (b), and (c))	- 8	UNTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Carlingone	1 / Shace	141-
	Conditions, if any, which gave) (b)		/	
	rise to immediate cause (a), DUE TO			
	lost. (c)			
AIIUN	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Part II of item IB.)	•
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o.m. p.m. 19		CE OF INJURY (Hame, farm, ory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this hospital saw the deceased alive an			, 19 47 , that (I) (we) las d an the date stated above
	22a. SIGNATURE farsh My.	Aufter MI		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Sarah M. Pe	eyton, Mo.	22d. ADDRESS Main St. Crisfield,	Md.
230	BURIA_ CREMATION, PRMOVAL (Specify) Sept. 17	1967 Asbury Cemet	tery Crisfield, M	d.
24	4. FUNERAL DIRECTOR Bradshaw & Sons	Crisfield, Md.	25a. REC'D BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fooeral director, page 3 shauld be detached for use as the burnal-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any eventually 72 hours after death. ID HOSPITAL OR ATTENDING PHYSICIAN: The law migures that the diath certificate be executed within 24 haurs after Page 4 may be retained by the liaspital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12973

CERTIFICATE OF DEATH

12983

1										
1.	PLACE OF DEATH o. COUNTY	Company			2. USUAL R		deceased lived, if institut	NTY _		
		Somerset		MARYLANI	D	Maryl	and	Som	erset	5
	b. CITY OR TOWN	(If outside corporate limits, d give nearest town)	c. L	ENGTH OF STAY IN 16	c. CITY OR	OWN (If outside co	orparate limits, write RU	RAL and give near	est town)	
	Cris	field	Life		É	Crisf	ield		17	-1
	d. NAME OF HOSPI	TAL OR INSTITUTION (If not	in hospital, give st	reet oddress)	d. STREET A				e IS RESID	ENCE
1	Mc Cread	y Memorial	Hospit	al	313	Main S	treet		YES	NO x
3.	NAME OF DECEASED (Type or print)	John Cla	rence	Middle / C/L	Son	ners 0		pt. 1		67
-	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BI	RTH Sr.	9. AGE (In years	IF UNDER 1 YEAR		
1	Male	White	WIDOWED	DIVORCED	Dec 21.	1896	70 vrs.	Months Doys	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work done		BUSINESS OR	11. BIRTHPL		or foreign country)	12. CITIZEN		
3	ring most of working tore Own	life, even if retired)	Drug	& Furnitu	re Some	rset, Ma	ryland	USA (COUNTR)	13	
_	. FATHER'S NAME		1			S MAIDEN NAME			-	
J	. Fletch	er Somers			Mani	e Hollan	ıd			
15	. WAS DECEASED EV	R IN U.S. ARMED FORCES?	16. SOCIAL	SECURITY NO.	17. INFORMANT		Addr	ess		
Ÿ	es, no, or unknown)	(If yes give wor or dotes of	212-	14-4348	Mrs. Flor	a T. Som	ers, Same	as 2. ab	ed	
-	I IB. CAUSE OF D	EATH (Enter only one cous							NTERVAL BET	WEEN
		TH WAS CAUSED BY:		ocardi	-0 into	and Time	,		INSET AND D	EATH
	1420	IMMEDIATE CAUSE (c	0	C) CCC I GIA	at any	46116			co da,	7 5 2
	Conditions, if ony	which gave 3			•					
	rise to immedio	te couse (a),	b)							
	stoting the under	rlying couse	-3							
		CHIEFCANT CONDITIONS CO	UTDIDITING TO DEL	THE DUT NOT DELL'ATED	TO THE TERMINA	NICE ACT CONDITION	Olifer in page 1/)	110	D. MACALITIC	DOCY
NO	PART II, UIMER S	IGNIFICANT CONDITIONS CO			IO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART I(0)		PERFORM	ED?
CAT			mphes						YES	NO P
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH	20b. DESCRÍBE	E HOW INJURY OCCUR	RED. (Enter noture	f Injury in Port I o	or Port II of item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJ Hour 'o.	URY Month, Doy, Year	20d. INJURY While	OCCURRED 20e	PLACE OF INJURY foctory, street, office		20f. (City or town)	(County)	(Stote)
E	p.	1.6	of work	of work	rociory, sneet, offic	e blag., etc.)				
	21. I certi	fy that (1) (this hosp	ital) attended t	he deceased from	n	, 19	, ta		that (i) (v	we) last
	saw the d	eceased alive on 9/	19/67	19, and	that death occ	urred of 1:	55M, from causes	and an the de	te stated	above.
	220. SIGNATURE	11. 1	0			2450		22b. DATE SIG		
		Corre	awter	7	M.D. PHYS.	MED. DIRECT	OR PHYS.	9/20/	67	
	22c. PHYSICIAN'S				22d. AD	- 11.00.0	. 3/			
	NAME (Type	C. G. Ra	мтөлж М	.D.	Cı	isfiel	d, Maryla	nd		
	. BURIAL, CREMATI		EOF 230	. NAME OF CEMETERY	OR CREMATORY	23	d. LOCATION (City or To	wn) (Coun	ty) (Si	tote)
B	ur La L (Specify	Sept 22	, 1967 S	t. Peter!	s Cemeter	y 0	risfield,	Somerset	. Md.	
2	4. FUNERAL DIRECTO			ADDRESS		2So. REC'D BY RE	25 1967 RE	GISTRAR'S SIGNAT	URE ()	48.
R	redehau	Sons Cris	field. M	a.		SEP	20 1301	y marke	Day of	7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ampletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please-remaye carbon papers. Pages I and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, add in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Jeath certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 25M 1/

HAM TO KNOT !

THE RESERVE WITH THE PARTY OF T

Total Spherical Communication of the Land Communication of the Communica

Print 140 ///// otc 21 151 -2

Ladring Committee Ladring Interpret Thermone Committee C

And prof. Account account and and a small over

Aud Pri sines general registric

hold to be the sound of early and Bart-St-Th. tV and

T: E

the state of the s

Total Communication of the Com

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	I. PLACE OF DEATH G. COUNTY Somerset MARYLAND					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset						
	b. CITY OR TOWN (If autside corporate limits, write RURAL and dive pagest town)			Lifetime		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Crisfield 19-/						
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 40 Chesapeake Ave.					d. STREET ADDRESS 40 Chesa peake Ave. e. IS RESIDENCE ON A FARM? YES NO 3						
	3. NAME OF First DECEASED (Type or print) THOMAS			CLINTON	ERLING, SR.	4. DATE OF DEATH	Sept.		7 19			
	S. SEX	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		April 16, 19	900	last bighday) yrs.	IF UNDER Manths	Days Hours	Min.	
	10b. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Ship Carpenter 13. FATHER'S NAME					11. BIRTHPLACE (County & State, or foreign country) Crisfield, Maryland 14. MOTHER'S MAIDEN NAME						
	John W. Sterling					Mary Daugherty						
	(Vac as as a boundary of the same of consists)					INFORMANT Address Hattie Sterling, same as 2 abed						
	PART I. DE Conditions, if an rise to immedia stating the undustry.	erlying cause DUE	and si or	Fadim. That Biseail				INTERVAL BETWEEN ONSET AND DEATH LINEAU TIME PARTY				
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO OF STRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH III. OTHER NOTICE WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH III. OTHER NOTICE WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH III. OTHER NOTICE WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH III. OTHER NOTICE WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH											
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)											
	21. I certify that (I) (this haspital) attended the deceased fram 34 27, 1967, to 47, 27, 1967, that (I) (we) last saw the deceased alive an 34, 26, 1967, and that death accurred at 2 PM, fram causes and an the date stated above.											
		22a. SIGNATURE DELLA M.D. ATTENDING MED. STAFF 10/6/6/										
1	NAME (Type) Sarah M. Peyton, M.D. Main St Crisfield, Md.											
	23a. BURIAL, CREMAT REMOVAL (Specif	ion, 23b. DATE TH Sept.2	1EREOF 29,1967	23c. NAME OF CEMI		metery	Cri	CATION (City or	Md.		(State)	
	24. FUNERAL DIRECT	or adshaw & Son	ns C	risfield,	Md.		CT 3	1967 1967	REGISTRAR'S	res Jus	ye.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the forest director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages on 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours offer-death. 24 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

STREET, destruction blad bald JO Conspicted Life. AC Carrie tooks Lye. THE AREA STREET, THE PARTY OF T THE 100T OF 11 THE And the delicated the transfer of the majority of the seather of all mick - allerings reutment blettelte Traff, 95, des ... " The like b. History - am I melaned